IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. BUTCH OTTER, GOVERNOR
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

September 15, 2009

Thair Pond, Administrator
Tomorrow's Home—Meridian
1655 Fairview Avenue Suite 100
Boise, Idaho 83702

RE: Tomorrow's Hope-- Meridian, Provider # 13G033

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Tomorrow's Hope-- Meridian, on September 10, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **September 28, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

For

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosures

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDAROS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

October 6, 2009

Thair Pond, Administrator
Tomorrow's Hope
1655 Fairview Avenue Suite 100
Boise, Idaho 83702

RE: Request for Waiver of *IDAPA* 16.03.11.110.02.(e) for Armga, Meridian, Sapphire, Eagle, and Navarro Homes

Dear Mr. Pond:

This office has received your request dated for a waiver of the non-combustible wastebasket requirement.

Your request for waiver is approved in accordance with *IDAPA* 16.03.11.700 for a permanent variance with the following conditions:

1. A designated smoking areas outside each facility be equipped with appropriate ashtrays.
2. A single non-combustible trash receptacle be provided nearby for the disposal and holding of smoking materials.
3. Smoking materials are to be transferred and held in the non combustible container for a period of not less than 24 hours before being placed with outgoing trash.

With the above consideration, all other trash and waste containers may be of any type construction suitable to produce a more home like environment. Please keep in mind the requirements of *IDAPA* 16.03.11.100.3.a when deciding on the design of the trash containers.

If you have any questions, please contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction

MPG/lj

C: Nicole Wisenor, Co-supervisor, Non Long Term Care Program

TOMORROW'S HOPE
1655 FAIRVIEW AVENUE. SUITE 100
BOISE, ID 83702

PHONE: (208) 319-0760
FAX: (208) 319-0765

Taylor Barkley
Health Facility Surveyor
Facility Fire Safety and Construction Program
Bureau of Facility Standards
PO Box 83720
Boise, Idaho 83720-0036

24 September 2009

RE: Request for Waiver

Dear Mr. Barkley,

During your recent survey of our 5 Intermediate Care Facilities, you found a deficiency in State Tag MM324. (IDAPA 16.03.11.110.02(e)) . Our current waste receptacles are not made of non combustible material.

I am requesting a waiver for this Tag. Our facilities are non smoking and there is little if any risk of burning material being placed into the waste cans.

In addition, the current waste receptacles are much more home like and present a more normal environment for our residents.

Therefore, I am requesting waiver of this tag for our Armga home, Medicaid #002535000, our Meridian home, Medicaid # 002534800, our Sapphire home, Medicaid # 002534900, our Eagle home, Medicaid # 002535100, and our Navarro home, Medicaid # 804053500.

Thank you for your time and effort in this manner. If you have any questions, please contact me at the above numbers.

Sincerely,

Thair Pond
Administrator

CC file,homes

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G033	A. BUILDING 02 B. WING _____	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - MERIDIAN	1821 GREENHEAD MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a single story, type V (000) building built in 1997. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 7 beds. The survey was conducted in accordance with 42 CFR 483.470. The following deficiencies were cited during the fire/life safety survey on September 10, 2009. The annual fire/life safety survey was conducted by: Taylor Barkley - Lead Health Facility Surveyor Fire/Life Safety and Construction Program Mark Grimes Supervisor Fire/Life Safety and Construction Program	K 000	RECEIVED SEP 28 2009 FACILITY STANDARDS	
K0051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the	K0051	K0051 Fire alarm box to remain locked as required. Maintenance responsible by 09/30/09 Fire alarm box to remain locked and checked during monthly maintenance checks and reviewed during Monthly Quality Assurance reviews Para Q and Q responsible by 10/30/09	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Thair Pond, Administrator Thair Pond, Administrator	09/24/09 09/24/09	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G033	A. BUILDING 02 B. WING _____	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - MERIDIAN	1821 GREENHEAD MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0051	Continued From page 1 authority having jurisdiction. This Standard is not met as evidenced by: Based on observation, it was determined that the facility did not have the fire alarm system in accordance with NFPA 72. Findings include: During the tour of the facility on September 10, 2009, at 2:54 PM, observation of the Fire Alarm Control Panel revealed that the door to the panel controls was unlocked. Findings were witnessed and noted by facility staff and surveyors. NFPA 72 National Fire Alarm Code 1999 Edition 1-5.4.8 Alarm Signal Deactivation. A means for turning off activated alarm notification appliances shall be permitted only where it is key-operated, located within a locked cabinet, or arranged to provide equivalent protection against unauthorized use. Such means shall be permitted only if a visible zone alarm indication or the equivalent has been provided as specified in 1-5.7.1, and subsequent actuation of initiating devices on other initiating device circuits or subsequent actuation of addressable initiating devices on signaling line circuits cause the notification appliances to reactivate. A means that is left in the " off " position when there is no alarm shall operate an audible trouble signal until the means is restored to normal. If automatically turning off the alarm notification appliances is permitted by the authority having jurisdiction, the alarm shall not be turned off in less than 5 minutes. Exception No. 1: If otherwise permitted by the	K0051		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G033	A. BUILDING 02 B. WING _____	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - MERIDIAN	1821 GREENHEAD MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0051	Continued From page 2 authority having jurisdiction, the 5-minute requirement shall not apply. Exception No. 2: If permitted by the authority having jurisdiction, subsequent actuation of another addressable initiating device of the same type in the same room or space shall not be required to cause the notification appliance(s) to reactivate. 1-5.4.9 Supervisory Signal Silencing. A means for silencing a supervisory signal notification appliance(s) shall be permitted only if it is key-operated, located within a locked enclosure, or arranged to provide equivalent protection against unauthorized use. Such a means shall be permitted only if it transfers the supervisory indication to a lamp or other visible indicator and subsequent supervisory signals in other zones cause the supervisory notification appliance(s) to re-sound. A means that is left in the " silence " position where there is no supervisory off-normal signal shall operate a visible signal silence indicator and cause the trouble signal to sound until the silencing means is restored to normal position.	K0051		
K0147	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the	K0147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G033	A. BUILDING 02 B. WING	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - MERIDIAN	1821 GREENHEAD MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0147	Continued From page 3 safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1 This Standard is not met as evidenced by: Based on interview and record review, it was determined that the facility had not ensured that there was a plan for the protection of all persons in the facility. The findings include: Staff interview and record review on September 10, 2009, at 3:14 PM, disclosed that staff could not find a plan for the protection of all persons in the facility and staff stated they did not know what the plan consisted of. Findings were witnessed and noted by facility staff and surveyors.	K0147	K0147 Emergency plans to be developed and in place and procedures trained to staff Program Director and Administrator responsible by 10/30/09 Plans and procedures are to be in place and trained. Evacuaton drills are to be rand and documented monthly and at least every two months per shift. Documentation is to be reviewed during monthly Quality Assurance review Para Q and Q responsible by 10/30/09	
K0150	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1	K0150		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G033	A. BUILDING 02 B. WING	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - MERIDIAN	1821 GREENHEAD MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0150	Continued From page 4 This Standard is not met as evidenced by: Based on record review and staff interview, it was determined the facility had not ensured that curtains were tagged as flame retardant nor was the facility able to provide evidence that the curtains had been treated with flame retardant. The findings include: Record review and interview with facility staff on September 10, 2009 between the hours of 2:50 PM and 3:20 PM disclosed that all curtains were not tagged as "flame retardant" and the facility could not produce documentation to show that the curtains had been treated with a flame retardant solution. Findings were witnessed and noted by both facility staff and Surveyors.	K0150	K0150 Curtains to be sprayed with fire retardent. Para Q responsible by 10/30/09 Curtains are to be sprayed with fire retardent documented. Documentation and spraying will be checked during weekly maintenance check and reviewed during monthly Quality Assuarance review. Para Q responsible by 10/30/09	
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills,	K0152	K0152 Fire drills to be held and documented Para Q responsible by 10/30/09 Fire drills are to be held and documented monthly and at least quarterly per shift. Drills will be reviewed at monthly Quality Assurance review. Para Q and Q responsible by 10/30/09	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G033	A. BUILDING 02 B. WING _____	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - MERIDIAN	1821 GREENHEAD MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0152	Continued From page 5 including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to hold evacuation drills at least quarterly on each shift. Findings include: During record review on September 10, 2009 at 3:12 PM, revealed that the facility did not have any documentation for having held a first shift drill and a third shift drill during the fourth quarter of the previous twelve months. Findings were witnessed and noted by facility staff and surveyors.	K0152		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G033	A. BUILDING 02 B. WING _____	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - MERIDIAN	1821 GREENHEAD MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	16.03.11 Inital Comments The facility is a single story, type V (000) building built in 1997. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 7 beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The following deficiencies were cited during the fire/life safety survey on September 10, 2009. The annual fire/life safety survey was conducted by: Taylor Barkley - Lead Health Facility Surveyor Fire/Life Safety and Construction Program Mark Grimes Supervisor Fire/Life Safety and Construction Program	M 000	RECEIVED SEP 28 2009 FACILITY STANDARDS	
MM345	16.03.11.110.06(f) Portable Fire Extinguishers Portable fire extinguishers must be serviced in accordance with the applicable NFPA Standard 10 (1978 edition), "Portable Fire Extinguishers." This Rule is not met as evidenced by: Based on observation it was determined that the facility failed to ensure that the portable fire extinguishers were being annually serviced / maintained in accordance with NFPA 10. Findings include:	MM345	MM345 Portable fire extinguishers will be checked to ensure they have been serviced and are in operable condition. Extinguisher tags will be intiialed that they have been checked. Para Q responsible by 10/30/09 Checks of extinguishers are on the house maintenance check list and will document checks have been done. In addition, the tags will be initialed to demonstrated actual physical checks have been completed. Documentation will be reviewed during monthly Quality Assurance Reviews. Para Q and Q responsible by 10/30/09	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Thair Pond, Administrator	09/24/09	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G033	A. BUILDING 02 B. WING _____	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - MERIDIAN	**1821 GREENHEAD MERIDIAN, ID 83642**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM345	Continued From Page 1 During the facility tour on August 10, 2009 between the hours of 2:55 PM and 3:04 PM it was observed that the portable fire extinguishers in the kitchen and by client sleeping rooms were not being inspected on a monthly basis. Findings were witnessed and noted by facility staff and surveyors.	MM345		